

N. B.—WRITE PLAINLY, WITHOUT FADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Examine statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

08721

1. PLACE OF DEATH

County DorchesterRegistration Dist. No. 111Village or City East New Market

No.

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. if of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME Elizabeth Brown

(a) Residence: No.

St.

Ward.

(Usual place of abode)

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>Colored</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (<i>write the word</i>)
-------------------------	------------------------------------	---

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, and year) Aug. 22, 1935

7. AGE	Years	Months	Days	If LESS than 1 day, _____ hrs. or _____ min.
--------	-------	--------	------	--

8. Trade, profession, or particular
kind of work done, as SPINNER,
SAWYER, BOOKKEEPER, etc.9. Industry or business in which
work was done, as SILK MILL,
SAW MILL, BANK, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town) East New Market, Md.
(State or country)13. NAME Daniel Abraham Benj. Brown14. BIRTHPLACE (city or town) E. N. Market, Md.
(State or country)15. MAIDEN NAME Maud Miller Cornish16. BIRTHPLACE (city or town) E. N. Market, Md.
(State or country)17. INFORMANT Benj. Brown
(Address)18. BURIAL, CREMATION, OR REMOVAL
Place E. N. Market Date Aug. 23, 19 3519. UNDERTAKER Benjamin Brown
(Address)20. FILED Aug. 23, 19 35 H. E. Parker

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

Aug. 22 1935
(Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from

_____, 19____, to _____, 19____

I last saw h_____ alive on _____, 19____; death is said
to have occurred on the date stated above, at _____ m.The PRINCIPAL CAUSE OF DEATH and related causes of importance
were as follows:STILLBIRTH

Date of onset

Other Contributory Causes of Importance:

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____

(Specify city or town, county and State)
Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. E. Parker, Registrar M. D.

(Address)

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923
------------	-------------

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year
-----------------	--------

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

08722

1. PLACE OF DEATH

County DorchesterVillage or City Cambridge, Md.Registration Dist. No. II6No. Cambridge Md. Hospital. St. Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 19 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.2. FULL NAME Randolph Phillips Collins.(a) Residence: No. 304 Belvedere Ave. St. I Ward.

(Usual place of abode)

WITHIN CORPORATE LIMITS OF

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>		
5e. If married, widowed, or divorced HUSBAND of <u>Frances Gore.</u> (or) WIFE of				
6. DATE OF BIRTH (month, day, end year) <u>8/14/1906</u>				
7. AGE <u>28</u>	Years <u>II</u>	Months <u>23</u>	Days <u>12</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION <u>Pharmacist</u>	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.			
	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.			
10. Date deceased last worked at this occupation (month and year) <u>8/5/35.</u>		11. Total time (years) spent in this occupation <u>12</u>		

12. BIRTHPLACE (city or town) Berlin, Md.
(State or country)FATHER 13. NAME A. H. Collins.14. BIRTHPLACE (city or town) Berlin, Md.
(State or country)MOTHER 15. MAIDEN NAME Ada B. Phillips16. BIRTHPLACE (city or town) Frankford, Del.
(State or country)17. INFORMANT A. H. Collins.
(Address) Cambridge, Md.18. BURIAL, CREMATION, OR REMOVAL
Place Cambridge, Md. Date 8/9/35. 1919. UNDERTAKER Granville S. LeCompte
(Address) Cambridge, Md.20. FILED 8-9, 1935 J. H. Moore Jr.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

August 7th, 1935
(Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from

I last saw him August 10th 1935 alive at Cambridge, Md.
to have occurred on the date stated above, etc.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Date of onset

Cerebral Contusion 8-5-35
with intra-cranial haemorrhage
resulting in Respiratory failure 8-7-35

Other Contributory Causes of importance:

Name of operation none Date of _____
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Yes Date of Injury 8-5-1935Where did injury occur? Cambridge, Md.(Specify city or town, county and State)
Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.Public StreetManner of Injury Automobile accidentNature of injury Head injury24. Was disease or injury in any way related to occupation of deceased? NoIf so, specify None. Died 7 days after Crown(Signed) J. H. Moore Jr. M. D.(Address) Cambridge, Md.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business; report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

RECEIVED
SEP 6 1925
BUREAU V. S.

Other contributory causes of importance:

Gallstones	May 1, 1923
------------	-------------

Example II

The principal cause of death and related causes of importance were as follows:

	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year
-----------------	--------

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

08723

1. PLACE OF DEATH

County DorchesterRegistration Dist. No. 116Village or City N. Cambridge, Md.No. Eastern Shore State Hospital St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 10 ds. How long in U.S. if of foreign birth? yrs. mos. ds.2. FULL NAME Samuel J. Comly(a) Residence: No. Kennedyville, Md.St. Ward.

(Usual place of abode)

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
-----------------------	----------------------------------	---

5e. If married, widowed, or divorced HUSBAND of (or) WIFE of Annie H. Hough6. DATE OF BIRTH (month, day, and year) July 25, 1868

7. AGE Years <u>67</u>	Months <u>0</u>	Days <u>19</u>	If LESS than 1 day, <u> </u> hrs. or <u> </u> min.
------------------------------	--------------------	-------------------	--

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc. Farmer9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Own Farm10. Date deceased last worked at this occupation (month and year) 1 month ago11. Total time (years) spent in this occupation Life12. BIRTHPLACE (city or town) Locust Grove, Kent Co.
(State or country) Md.13. NAME Robert H. Comly14. BIRTHPLACE (city or town) Holmesburg
(State or country) Pa.15. MAIDEN NAME Martha J. McDowell16. BIRTHPLACE (city or town) Holmesburg
(State or country) Pa.17. INFORMANT E.S.S. Hospital Records
(Address) Cambridge, Md.18. BURIAL, CREMATION, OR REMOVAL
Place Still Pond Date Aug 16, 193519. UNDERTAKER B. R. G. Bellows
(Address) Still Pond20. FILED 8/14, 1935
John Smith

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

August 13, 1935
(Month) (Day) (Year)22. I HEREBY CERTIFY, That I attended deceased from August 3, 1935, to August 13, 1935I last saw him alive on August 13, 1935; death is said to have occurred on the date stated above, at 6:12 P.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Cerebral arteriosclerosis

Date of onset

1 yr.
ago

Other Contributory Causes of importance:

Name of operation Date of What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19 Where did injury occur? (Specify city or town, county and State)
Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.Manner of injury Nature of injury 24. Was disease or injury in any way related to occupation of deceased? NoIf so, specify (Signed) Charles Repierre M. D.(Address) Cambridge, Md.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927
BUREAU V. S.	

Other contributory causes of importance:

Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

08724

1. PLACE OF DEATH

County DorchesterRegistration Dist. No. II6Village or City Cambridge, Md.

No.

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.2. FULL NAME Thomas Steele Cook.(a) Residence: No. Cambridge, Md. Face St. 4 Ward.

(Usual place of abode)

WITHIN CORPORATE LIMITS OF

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Married

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofIda L. Stephens.

6. DATE OF BIRTH (month, day, and year)

4/15/1876

7. AGE

Years

Months

Days

If LESS than
1 day, _____ hrs.
or _____ min.59326

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

Laborer

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

Truckman. (Auto)

10. Date deceased last worked at this occupation (month and year)

8/6/35

11. Total time (years) spent in this occupation

12

12. BIRTHPLACE (city or town)

Dorchester Co.

(State or country)

Md.

FATHER

13. NAME

John Cook.

14. BIRTHPLACE (city or town)

Dorchester Co.

(State or country)

Md.

MOTHER

15. MAIDEN NAME

Mary Wingate

16. BIRTHPLACE (city or town)

Dorchester Co.

(State or country)

Md.

17. INFORMANT

Mrs. Ida L. Cook.

(Address)

Cambridge, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Cambridge, Md. Date 8/13/35, 19

19. UNDERTAKER

Granville S. LeCompte.

(Address)

Cambridge, Md.

20. FILED

8/13, 1935John M. M. M.

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

August 11

(Month)

(Day)

1935

(Year)

22.

I HEREBY CERTIFY, That I attended deceased from

Aug. 8, 1935, toAug. 11, 1935.I last saw him alive on Aug. 11, 1935; death is saidto have occurred on the date stated above, at 9.15 P. M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Pneumonia lobar

Date of onset

Aug. 3,

Other Contributory Causes of importance:

Chronic myocarditis

Name of operation

none

Date of

What test confirmed diagnosis?

clinical evidenceWas there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? no

Date of injury

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed)

John Schneider

M. D.

(Address)

Cambridge, Md.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923
------------	-------------

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year
-----------------	--------

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

08725

1. PLACE OF DEATH

County WorcesterVillage or City New RhodestaleRegistration Dist. No. 111

No. _____ St. _____ Ward _____

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. if of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME

Daniel C. Berkman

If U.S. Veteran specify WAR _____

(a) Residence: No. New Rhodestale St. _____ Ward _____

(Usual place of abode)

If nonresident give city or town and State _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5a. If married, widowed, or divorced HUSBAND of _____ (or) WIFE of <u>Mary Berkman</u>		
6. DATE OF BIRTH (month, day, and year) <u>Jan 14, 1870</u>		
7. AGE Years <u>65</u>	Months <u>7</u>	Days <u>-</u>
		If LESS than 1 day, _____ hrs. or _____ min.
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. <u>Farmer</u>		
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. <u>"</u>		
10. Date deceased last worked at this occupation (month and year) <u>Aug 1, 1935</u>		11. Total time (years) spent in this occupation <u>4 1/2</u>

MOTHER	12. BIRTHPLACE (city or town) (State or country) <u>Maryland</u>
	13. NAME <u>Levin Berkman</u>
	14. BIRTHPLACE (city or town) (State or country) <u>Maryland</u>
	15. MAIDEN NAME <u>Mary Marvel</u>
	16. BIRTHPLACE (city or town) (State or country) <u>Maryland</u>
FATHER	17. INFORMANT <u>Edward C. Berkman</u> (Address) <u>Surlock</u>
	18. BURIAL, CREMATION, OR REMOVAL Place <u>East New Market</u> Date <u>Aug 18, 1935</u>
	19. UNDERTAKER <u>H. H. Willoughby</u> (Address) <u>East New Market</u>
20. FILED <u>Aug 17, 1935</u> - <u>H. K. Parker</u> Registrar	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

8 (Month) 15 (Day) 1935 (Year)

22. I HEREBY CERTIFY, That I attended deceased from

8/14/35, 1935, to 8/15/35, 1935I last saw him alive on 8/15/35, 1935; death is saidto have occurred on the date stated above, at 12:25 m.The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Apoplexy

Date of onset _____

Other Contributory Causes of Importance: _____

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? _____ Date of Injury _____, 1935

Where did injury occur? _____

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) S. Roger Myers M. D.(Address) Surlock Md

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gallstones	May 1, 1923
------------	-------------

Other contributory causes of importance:

Gastroenteritis	1 year
-----------------	--------

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

08726

1. PLACE OF DEATH

County DorchesterVillage or City Near Finchville,

No.

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S. if of foreign birth?

yrs.

mos.

ds.

2. FULL NAME

Infant Davis

(a) Residence: No.

Federalburg, Md. R.F.D. St.

Ward.

(Usual place of abode)

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White5. SINGLE, MARRIED, WIDOWED,
OR DIVORCED (write the word)Single5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

August 28th. 1935

7. AGE

Years

Months

Days

If LESS than
1 day, hrs.
or min.Still-born

OCCUPATION

8. Trade, profession, or particular
kind of work done, as SPINNER,
SAWYER, BOOKKEEPER, etc.Still-born9. Industry or business in which
work was done, as SILK MILL,
SAW MILL, BANK, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town)
(State or country)Dorchester Co.Md.

FATHER

13. NAME

Preston Davis14. BIRTHPLACE (city or town)
(State or country)Wicomico Co.Md.

MOTHER

15. MAIDEN NAME

Frances Hignutt,16. BIRTHPLACE (city or town)
(State or country)Caroline Co.Md.17. INFORMANT
(Address)Preston Davis,Federalburg, Md. R.F.D.

18. BURIAL, CREMATION, OR REMOVAL

Place Cokesbury, Md. Date Aug. 28, 19 3519. UNDERTAKER
(Address)J. T. Framptom & Son.Federalburg, Md.

20. FILED

Aug 28, 1935 Chas. H. Winter
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

August 28th.

(Month)

(Day)

1935

(Year)

22.

I HEREBY CERTIFY, That I attended deceased from
8/28, 19 35, to 8/28, 19 35

I last saw h.....

alive on

19.....

; death is said

to have occurred on the date stated above, at 4 a.m.The PRINCIPAL CAUSE OF DEATH and related causes of importance
were as follows:Still Born
Premature

Date of onset

Other Contributory Causes of Importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?

Date of injury

19.....

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

W. K. Knott
Federalburg, Md.

M. D.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1923

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gallstones	May 1, 1923
------------	-------------

Other contributory causes of importance:

Gastroenteritis	1 year
-----------------	--------

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

08727

1. PLACE OF DEATH

County DorchesterVillage or City E. N. Market

No.

Registration Dist. No. 111

St.

Ward

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U.S. if of foreign birth? _____ yrs. _____ mos. _____ ds.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME

Donald Owens Farrar

(a) Residence: No.

St.

Ward.

(Usual place of abode)

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

male

4. COLOR OR RACE

col

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE

Years

Months

Days

If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Data deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT (Address)

18. BURIAL, CREMATION, OR REMOVAL

Place

Date

19. UNDERTAKER (Address)

20. FILED

Aug 22, 193531-H. E. ParkerRegist.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

Aug211935

(Month)

(Day)

(Year)

22. I HEREBY CERTIFY, That I attended deceased from

I last saw Aug 21 1935; death is said to have occurred on the date stated above, at 10:30 p.m.

The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:

Date of onset

Other Contributory Causes of Importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? _____ Date of Injury _____ 19 _____

Where did injury occur? _____ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury _____

Nature of Injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

M. D.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927
BUREAU V. S.	
Other contributory causes of importance:	
Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago
Other contributory causes of importance:	
Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

08728

1. PLACE OF DEATH

County DorchesterVillage or City near Elwood

No.

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 70 yrs.

mos.

ds.

How long in U. S. If of foreign birth?

yrs.

mos.

ds.

2. FULL NAME William S. Fletcher

If U.S. Veteran specify WAR

(a) Residence: No. Hurlock, Md. R.F.D.

St.

Ward.

(Usual place of abode)

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

Colored5. SINGLE, MARRIED, WIDOWED,
OR DIVORCED (write the word)Divorced

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofLizzie Fletcher6. DATE OF BIRTH (month, day, and year) No date about 1865

7. AGE

Years

Months

Days

If LESS than
1 day, ----- hrs.
or ----- min.about 70

OCCUPATION

8. Trade, profession, or particular
kind of work done, as SPINNER,
SAWYER, BOOKKEEPER, etc.Laborer on farm9. Industry or business in which
work was done, as SILK MILL,
SAW MILL, BANK, etc.10. Date deceased last worked at
this occupation (month and
year) March 193511. Total time (years)
spent in this
occupation Life

12. BIRTHPLACE (city or town)

Cambridge,

(State or country)

Md.

FATHER

13. NAME

John D. Fletcher

14. BIRTHPLACE (city or town)

Cambridge,

(State or country)

Md.

MOTHER

15. MAIDEN NAME

Julia Travers

16. BIRTHPLACE (city or town)

Dorchester Co.

(State or country)

Md.

17. INFORMANT

(Address)

Julia Lake,Hurlock, Md. R.F.D.

18. BURIAL, CREMATION, OR REMOVAL

Place John's Cemetery, Date Aug. 28", 1935Caroline Co. Md.

19. UNDERTAKER

(Address)

J. T. Frampton & Son,
Federalburg, Md.

20. FILED

Aug 28

19

W. Hastings

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

August 25th.

(Month)

(Day)

1935

(Year)

22.

I HEREBY CERTIFY, That I attended deceased from

July 4, 1935, to Aug 17, 1935I last saw him alive on Aug 17, 1935; death is saidto have occurred on the date stated above, at 10-45-P.M.The PRINCIPAL CAUSE OF DEATH and related causes of importance
were as follows:Hardened Arteries
Renal Lesion

Date of onset

11/23/19

Other Contributory Causes of Importance:

Chronic Myocarditis
with general Anasarca5-M.O

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? NO

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?

Date of injury

19

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NO

If so, specify

(Signed)

(Address)

W. E. Harrison
Federalburg, Md.

M. D.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923
------------	-------------

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year
-----------------	--------

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

08729

1. PLACE OF DEATH

County DorchesterVillage or City Nr. CambridgeRegistration Dist. No. 116ND. Eastern Shore State Hospital, Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 7 yrs. 4 mos. 22 ds. How long in U.S. If of foreign birth? _____ yrs. _____ mos. _____ ds.2. FULL NAME Harry Godwin(a) Residence: No. Salisbury, Md. St. _____ Ward. _____

(Usual place of abode)

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Single5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, and year) March 23, 1903

7. AGE

Years

Months

Days

If LESS than
1 day, _____ hrs.
or _____ min.32418

OCCUPATION

8. Trade, profession, or particular
kind of work done, as SPINNER,
SAWYER, BODKKEEPER, etc.None9. Industry or business in which
work was done, as SILK MILL,
SAW MILL, BANK, etc.None10. Date deceased last worked at
this occupation (month and
year)None11. Total time (years)
spent in this
occupationNone12. BIRTHPLACE (city or town) Williamsville
(State or country) Del.

FATHER

13. NAME Peter Godwin14. BIRTHPLACE (city or town) Williamsville
(State or country) Del.15. MAIDEN NAME Lenora Campbell16. BIRTHPLACE (city or town) Bishopville
(State or country) Md.17. INFORMANT E.S.S. Hospital Records
(Address) Cambridge, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Hospital Cemetery Date Aug 10, 193519. UNDERTAKER Frank E. Albaugh
(Address) Cambridge, Md.20. FILED 8/10/35, 1935 John M. M.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

August 10, 1935
(Month) (Day) (Year)22. I HEREBY CERTIFY, That I attended deceased from
April 3, 1930, to August 10, 1935I last saw him alive on August 10, 1935; death is said
to have occurred on the date stated above, at 11:55A m.The PRINCIPAL CAUSE OF DEATH and related causes of importance
were as follows:Pulmonary tuberculosis

Date of onset

1 yr.ago

Other Contributory Causes of Importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy no

23. If death was due to external causes (VIDLENCE) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____

(Specify city or town, county and State)
Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____

(Signed) Charles Lapierre M. D.(Address) Cambridge, Md.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927
BUREAU V. S.	

Other contributory causes of importance:

Gallstones

Date of onset

1915

1921

July 5, 1927

May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis

Date of onset

1 week ago

1 week ago

3 days ago

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

08730

1. PLACE OF DEATH

County DorchesterVillage or City Cambridge, MdNo. XSt. IIWard 6

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 37 yrs. 0 mos. 0 ds. How long in U. S. if of foreign birth? 0 yrs. 0 mos. 0 ds.2. FULL NAME Emily Jane Goslin.(a) Residence: No. 7 Cedar Street,St. 4 Ward. WITHIN CORPORATION or town and State

(Usual place of abode)

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (<i>write the word</i>) <u>Widowed.</u>
5e. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>Thomas J. Goslin.</u>		
6. DATE OF BIRTH (month, day, and year) <u>5/27/1853</u>		
7. AGE Years <u>82</u>	Months <u>3</u>	Days <u>2</u>
If LESS than 1 day, <u>0</u> hrs. or <u>0</u> min.		
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. <u>None</u>	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. <u>X</u>	
10. Date deceased last worked at this occupation (month and year) <u>X</u>	11. Total time (years) spent in this occupation <u>X</u>	

12. BIRTHPLACE (city or town) Dorchester Co.
(State or country) Md.13. NAME William Thomas Hurley.14. BIRTHPLACE (city or town) Dorchester Co
(State or country) Md.15. MAIDEN NAME Not Known16. BIRTHPLACE (city or town) X
(State or country) X17. INFORMANT Mr. Charles Goslin.
(Address) Cambridge, Md.18. BURIAL, CREMATION, OR REMOVAL
Place Cambridge, Md. Date 9/1/3519. UNDERTAKER Granville S. LeCompte.
(Address) Cambridge, Md.20. FILED 8-31-35 John W. Woud
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

August 29th, 1935
(Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from

Aug. 26, 1935, to Aug. 29, 1935
I last saw him alive on Aug. 29, 1935; death is said to have occurred on the date stated above, at 11:35 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Date of onset

mesenteric thrombosis, Aug 25, 1935
Intestinal obstruction; due to
to the mesenteric thrombosis, followed by
gangrene with resultant intestinal ob-
struction.
Other Contributory Causes of importance:
Intestinal obstruction not due to cancer.
Arteriosclerosis

Name of operation none Date of 0What test confirmed diagnosis? clinical Was there an autopsy? 0

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? no Date of injury 0, 1900Where did injury occur? 0(Specify city or town, county and State)
Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.Manner of injury 0Nature of injury 024. Was disease or injury in any way related to occupation of deceased? noIf so, specify 0(Signed) Walter M. Jones M. O.(Address) Cambridge, Md.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923
------------	-------------

Example II

The principal cause of death and related causes of importance were as follows:

	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year
-----------------	--------

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

08731

1. PLACE OF DEATH

County DorchesterRegistration Dist. No. 116Village or City N. CambridgeNo. Eastern Shore State Hospital St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 2 yrs. 1 mos. 15 ds. How long in U.S. If of foreign birth? _____ yrs. _____ mos. _____ ds.2. FULL NAME Edith H. Greenlee(a) Residence: No. Greensboro, Md.

St. _____ Ward _____

(Usual place of abode)

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White5. SINGLE, MARRIED, WIDOWED,
OR DIVORCED (write the word)
Widowed5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE ofLawrence A. Greenlee6. DATE OF BIRTH (month, day, end year) March 17, 1882

7. AGE

Years

Months

Days

If LESS than
1 day, _____ hrs.
or _____ min.53427

OCCUPATION

8. Trade, profession, or particular
kind of work done, as SPINNER,
SAWYER, BOOKKEEPER, etc.Housewife9. Industry or business in which
work was done, as SILK MILL,
SAW MILL, BANK, etc.Own Home10. Date deceased last worked at
this occupation (month and
year) 3 yrs. ago.11. Total time (years)
spent in this
occupation Life12. BIRTHPLACE (city or town) New York
(State or country) N.Y.

FATHER

13. NAME

John Harrington14. BIRTHPLACE (city or town)
(State or country)FarmingtonDel.

MOTHER

15. MAIDEN NAME

Emma Stayton16. BIRTHPLACE (city or town)
(State or country)GreenwoodDel.17. INFORMANT E.S.S. Hospital Records
(Address) Cambridge, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Greensboro Md. Date Aug 15, 193519. UNDERTAKER
(Address)R. B. Rawlings
Greensboro Md.20. FILED 8/13, 1935John E. Evers
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

August 13, 1935
(Month) (Day) (Year)22. I HEREBY CERTIFY, That I attended deceased from
June 29, 1933, to August 13, 1935I last saw her alive on August 13, 1935; death is saidto have occurred on the date stated above, at 5:35 A.M.The PRINCIPAL CAUSE OF DEATH and related causes of importance
were as follows:Chronic endocarditis; aortic regur-
gitation

Date of onset

Unknown

Other Contributory Causes of Importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed)

(Address)

Charles Lapierre M. D.
Cambridge, Md.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927
Other contributory causes of importance:	
Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago
Other contributory causes of importance:	
Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

08732

1. PLACE OF DEATH

County SaunderlandVillage or City Fishing CreekNo. ✓Registration Dist. No. 115St. ✓Ward ✓Length of residence in city or town where death occurred 1 yrs. 6 mos. 0 ds.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

How long in U. S. if of foreign birth? 0 yrs. 0 mos. 0 ds.

2. FULL NAME

Henry N. Grice

* not veteran*

(a) Residence: No. Fishing Creek, Md.

(Usual place of abode)

Ward. ✓

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

male

4. COLOR OR RACE

white

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

married

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofOlivia K. Newman

6. DATE OF BIRTH (month, day, and year)

11/9/1890

7. AGE

Years

Months

Days

If LESS than
1 day, ----- hrs.
or ----- min.44922

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

Civil Engineer
Bond Broker in
City of New York

10. Date deceased last worked at this occupation (month and year)

1/11/3511. Total time (years) spent in this occupation 23

12. BIRTHPLACE (city or town)

(State or country)

New York City

MOTHER FATHER

13. NAME

Mr. Grice

14. BIRTHPLACE (city or town)

(State or country)

New York, N.Y.

15. MAIDEN NAME

Anna I. Fisher

16. BIRTHPLACE (city or town)

(State or country)

New York, N.Y.

17. INFORMANT

(Address)

Mr. Olivia K. Grice
Fishing Creek

18. BURIAL, CREMATION, OR REMOVAL

Place

Fishing Creek, Md.

Date

Sept 1, 1935

19. UNDERTAKER

(Address)

Ed. LeCompt
Cum gratia

20. FILED

August 31, 1935 James W. Meade.

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

August 31 August 31

(Month)

(Day)

1935
(Year)

22. I HEREBY CERTIFY, That I attended deceased from

August 21, 1935, to August 31, 1935I last saw him alive on August 30, 1935; death is said to have occurred on the date stated above, at 8:30 A.M. 3:30 A.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Carcinoma of Esophagus

Date of onset

None

Other Contributory Causes of Importance:

None

Name of operation

None

Date of

What test confirmed diagnosis?

ClinicalWas there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?

Date of Injury

19

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

None

Nature of Injury

None

24. Was disease or injury in any way related to occupation of deceased?

no

If so, specify

(Signed)

James W. Meade

M. D.

(Address)

Fishing Creek, Md.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927
Other contributory causes of importance:	
Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago
Other contributory causes of importance:	
Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

08733

1. PLACE OF DEATH

County DorchesterVillage or City Bishops Head, Md.

No.

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 46 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.2. FULL NAME Wm. Floyd Jones.

Veteran of World War--

(a) Residence: No. Bishops Head, Md.St. X Ward.X

(Usual place of abode)

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White5. SINGLE, MARRIED, WIDOWED,
OR DIVORCED (write the word)Married

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofHelen E. Parks.6. DATE OF BIRTH (month, day, and year) II/7/1888

7. AGE

Years

Months

Days

If LESS than
1 day, hrs.
or min.46921

OCCUPATION

8. Trade, profession, or particular
kind of work done, as SPINNER,
SAWYER, BOOKKEEPER, etc.Waterman9. Industry or business in which
work was done, as SILK MILL,
SAW MILL, BANK, etc.(Boat)10. Date deceased last worked at
this occupation (month and
year)192111. Total time (years)
spent in this
occupation1712. BIRTHPLACE (city or town) Bishops Head, Md.
(State or country)

MOTHER FATHER

13. NAME Columbus Jones.14. BIRTHPLACE (city or town) Bishops Head, Md.
(State or country)15. MAIDEN NAME Isa Landon Jones.16. BIRTHPLACE (city or town) Bishops Head, Md.
(State or country)17. INFORMANT Mr Arthur Jones.
(Address) Bishops Head, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Bishops Head, Md. Date 8/30/35, 1919. UNDERTAKER Granville S. LeCompte.
(Address) Cambridge, Md.

20. FILED

Aug 30, 1935 Wilson H. Pritchett
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

August 28th, 1935
(Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from

Sept 6, 1919, to Aug 28, 1935I last saw him alive on Aug 28, 1935; death is saidto have occurred on the date stated above, at 8:45 P.M.The PRINCIPAL CAUSE OF DEATH and related causes of importance
were as follows:

Date of onset

Tuberculosis of the
Lungs1919

Other Contributory Causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?..... Date of Injury....., 19

Where did injury occur?.....

(Specify city or town, county and State)
Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify.....

(Signed) C. H. Tarrance M. D.(Address) Cambridge, Md.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927
Other contributory causes of importance:	
Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago
Other contributory causes of importance:	
Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

08734

1. PLACE OF DEATH

County Baltimore Registration Dist. No. 116
 Village or City Cambing No. Camb. Hospital St. Ward
 (If death occurred in a hospital or institution, give its NAME instead of street and number)
 Length of residence in city or town where death occurred None yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. Henry St. St. Ward. Ward. Ward.
 (Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>undet.</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>None</u>		
6. DATE OF BIRTH (month, day, and year) <u>8/6/35</u>		
7. AGE <u>3 mo.</u>	Years <u>0</u>	Months <u>0</u>
Days <u>0</u>		If LESS than 1 day, hrs. <u>0</u> or min. <u>0</u>
OCCUPATION	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. <u>None</u>	
	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. <u>None</u>	
	10. Date deceased last worked at this occupation (month and year) <u>None</u>	
11. Total time (years) spent in this occupation <u>None</u>		
12. BIRTHPLACE (city or town) <u>Cambing</u> (State or country) <u>Ind.</u>		
FATHER	13. NAME <u>Evelle Kinnaman</u>	
	14. BIRTHPLACE (city or town) <u>Cambing</u> (State or country) <u>Ind.</u>	
MOTHER	15. MAIDEN NAME <u>Marion Annie</u>	
	16. BIRTHPLACE (city or town) <u>Cambing</u> (State or country) <u>Ind.</u>	
17. INFORMANT <u>Evelle Kinnaman</u> (Address) <u>Cambing, Ind.</u>		
18. BURIAL, CREMATION, OR REMOVAL Place <u>Camb. Hospital</u> Date <u>8/6/35</u>		
19. UNDERTAKER <u>Disposed of in Hospital</u> (Address)		
20. FILED <u>8/8/35</u> <u>John M. M. Jr.</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

Aug 6 1935
 (Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from Aug 6 1935 to Aug 6 1935

I last saw Ind. alive on not at all 1935; death is said to have occurred on the date stated above, at 4 P m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

3 mo. abortion
(Criminal)
 Date of onset ?

Other Contributory Causes of importance:

Name of operation None Date of None
 What test confirmed diagnosis? Exam Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? None Date of Injury None

Where did Injury occur? None

(Specify city or town, county and State)
 Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Menner of injury None

Nature of Injury None

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify None

(Signed) John M. M. Jr. M. D.

(Address) Cambing, Ind.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923
------------	-------------

Example II

The principal cause of death and related causes of importance were as follows:

	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year
-----------------	--------

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

08735

1. PLACE OF DEATH

County

Village or city

No.

Registration Dist. No.

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U.S. if of foreign birth?

yrs.

mos.

ds.

2. FULL NAME

(a) Residence: No.

St.

Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE

Years

Months

Days

If LESS than

1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT (Address)

18. BURIAL, CREMATION, OR REMOVAL

Place

Date

1935

19. UNOERTAKER (Address)

20. FILED

8/5/1935

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

Aug.

30

1935

(Month)

(Day)

(Year)

22. I HEREBY CERTIFY That I attended deceased from

July 18, 1935, to Aug 3, 1935

I last saw him alive on Aug 3, 1935; death is said

to have occurred on the date stated above, at 9:00 p.m.

The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:

Date of onset

Chronic interstitial nephritis

Other Contributory Causes of Importance:

Congenital of descending colon (diverticulum)

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

M. D.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Date of onset

1915

1921

July 5, 1927

SEP 6 1935

BUREAU V. S.

Other contributory causes of importance:

Gallstones

May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Date of onset

1 week ago

1 week ago

3 days ago

Other contributory causes of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

8736

1. PLACE OF DEATH

County DorchesterRegistration Dist. No. 112Village or City Vienna, (Out-side)

No.

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 73 yrs. 8 mos. 18 ds. How long in U. S. if of foreign birth? _____ yrs. _____ mos. _____ ds.2. FULL NAME Alice G. Lee,

If U. S. Veteran specify WAR _____

(a) Residence: No. Vienna, Md. R.F.D.

St.

Ward.

(Usual place of abode)

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White5. SINGLE, MARRIED, WIDOWED,
OR DIVORCED (*write the word*)
Married

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofWilliam T. Lee

6. DATE OF BIRTH (month, day, and year)

Nov. 25th. 1861

7. AGE

Years

Months

Days

If LESS than
1 day, _____ hrs.
or _____ min.73818

OCCUPATION

8. Trade, profession, or particular
kind of work done, as SPINNER,
SAWYER, BDDKKEEPER, etc.House-work9. Industry or business in which
work was done, as SILK MILL,
SAW MILL, BANK, etc.10. Date deceased last worked at
this occupation (month and year)
Aug. 12 193511. Total time (years)
spent in this
occupation Life

12. BIRTHPLACE (city or town)

Dorchester Co.

(State or country)

Md.

FATHER

13. NAME

Nicholas Travers,

14. BIRTHPLACE (city or town)

Dorchester Co.

(State or country)

Md.

MOTHER

15. MAIDEN NAME

Xanthippi Hurley

16. BIRTHPLACE (city or town)

Dorchester Co.

(State or country)

Md.

17. INFORMANT

William T. Lee

(Address)

Vienna, Md. R.F.D.

18. BURIAL, CREMATION, OR REMOVAL

Place Vienna, Md.Date Aug. 15" 1935

19. UNDERTAKER

J. T. Frampton & Son.

(Address)

Federalburg, Md.

2D. FILED

Aug 18 - 1935 Elizabeth D. Brall
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

August 13th.

(Month)

(Day)

1935
(Year)

22.

I HEREBY CERTIFY, That I attended deceased from

Aug 13 1935 to _____, 1935I last saw him alive on Aug 13, 1935; death is saidto have occurred on the date stated above, at 12-30 A.M.The PRINCIPAL CAUSE OF DEATH and related causes of importance
were as follows:

Date of onset

Angina Pectoris

Other Contributory Causes of Importance:

Name of operation _____

Date of _____

What test confirmed diagnosis? _____

Was there an autopsy? _____

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? _____ Date of Injury _____, 19____

Where did injury occur? _____

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) E. D. Dyer(Address) Vienna, Md.

M. D.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923
------------	-------------

Example II

The principal cause of death and related causes of importance were as follows:

	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year
-----------------	--------

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

08737

1. PLACE OF DEATH

County DorchesterVillage or City Eldorado

Length of residence in city or town where death occurred

yrs.

No.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

3

How long in U.S. if of foreign birth?

yrs.

mos.

ds.

Registration Dist. No. 110

St.

Ward

2. FULL NAME Richard Lord(a) Residence: No. Rhodesdale, Md. R.F.D.

St.

Ward.

(Usual place of abode)

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

male

4. COLOR OR RACE

white5. SINGLE, MARRIED, WIDOWED,
OR DIVORCED (write the word)single5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, end year)

Aug. 5th. 1935

7. AGE

Years

Months

Days

If LESS than

1 day, _____ hrs.

or _____ min.

3

OCCUPATION

8. Trade, profession, or particular
kind of work done, as SPINNER,
SAWYER, BOOKKEEPER, etc.Infant9. Industry or business in which
work was done, as SILK MILL,
SAW MILL, BANK, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation

12. BIRTHPLACE (city or town)

Eldorado

(State or country)

Md.

FATHER

13. NAME

Leonard Lord.

14. BIRTHPLACE (city or town)

Dorchester Co.

(State or country)

Md.

MOTHER

15. MAIDEN NAME

Frances May Wallace.

16. BIRTHPLACE (city or town)

Dover,

(State or country)

Del.

17. INFORMANT

Leonard Lord,

(Address)

Rhodesdale, Md. R.F.D.

18. BURIAL, CREMATION, OR REMOVAL

Place Eldorado, Md. Date Aug. 8th. 1935

19. UNDERTAKER

(Address)

J. T. Frampton & Son.Federalburg, Md.

20. FILED

Aug 81935Chas. W. Hastings

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

Aug. 8th.

(Month)

(Day)

1935

(Year)

22.

I HEREBY CERTIFY, That I attended deceased from

5/5, 1935, to 8/8, 1935

I last saw him alive on

8/21935

death is said

to have occurred on the date stated above, at 7:30 a.m.The PRINCIPAL CAUSE OF DEATH and related causes of importance
were as follows:

Date of onset

Death due to congenital debility.

Other Contributory Causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?

Date of injury

1935

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

W. H. Connel
Federalburg, Md.

M. D.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927
BUREAU V. S.	

Other contributory causes of importance:

Gallstones	May 1, 1923
------------	-------------

Example II

The principal cause of death and related causes of importance were as follows:

	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year
-----------------	--------

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

08738

1. PLACE OF DEATH

County DorchesterRegistration Dist. No. 116Village or City Nr. CambridgeNo. Eastern Shore State Hospital St. Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 1 yrs. 8 mos. 11 ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME

James Edward Lowman(a) Residence: No. Henderson, Md.

St. _____ Ward _____

(Usual place of abode)

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White5. SINGLE, MARRIED, WIDOWED,
OR DIVORCED (write the word)Married

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofMary Walls6. DATE OF BIRTH (month, day, and year) November 20, 1854

7. AGE

Years

Months

Days

If LESS than
1 day, _____ hrs.
or _____ min.81813

OCCUPATION

8. Trade, profession, or particular
kind of work done, as SPINNER,
SAWYER, BOOKKEEPER, etc.Farmer9. Industry or business in which
work was done, as SILK MILL,
SAW MILL, BANK, etc.Laborer10. Date deceased last worked at
this occupation (month and
year) about 15 yrs. ago11. Total time (years) lifetime
spent in this
occupation until 10 yrs. ago12. BIRTHPLACE (city or town) Sudlersville
(State or country) Md.

FATHER

13. NAME William Lowman14. BIRTHPLACE (city or town) Sudlersville
(State or country) Md.

MOTHER

15. MAIDEN NAME Elizabeth Newnam16. BIRTHPLACE (city or town) Sudlersville
(State or country) Md.17. INFORMANT E.S.S. Hospital Records
(Address) Cambridge, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Greenwood Md. Date Aug 5, 193519. UNDERTAKER
(Address)R. B. Rawlings
Greenwood Md.20. FILED 8-3, 1935

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

August 2, 1935
(Month) (Day) (Year)22. I HEREBY CERTIFY, That I attended deceased from
November 22, 1933, to August 2, 1935.I last saw him alive on August 2, 1935; death is said
to have occurred on the date stated above, at 8:50 A.m.The PRINCIPAL CAUSE OF DEATH and related causes of importance
were as follows:Cerebral arteriosclerosis

Date of onset

5 yrs.
ago

Other Contributory Causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? _____ Date of Injury _____, 19____

Where did injury occur? _____

(Specify city or town, county and State)
Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury _____

Nature of Injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) Charles F. R. R. M. D.(Address) Cambridge, Maryland

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

RECEIVED
SEP 8 1935
BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:

	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gallstones	May 1, 1923
------------	-------------

Other contributory causes of importance:

Gastroenteritis	1 year
-----------------	--------

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

08739

1. PLACE OF DEATH

County DorchesterVillage or City Secretary CambridgeRegistration Dist. No. 116

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U.S. if of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME

(a) Residence: No. Secretary, Mc St., Ward.

(Usual place of abode)

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of George Marvel6. DATE OF BIRTH (month, day, and year) Oct 25 - 1864

7. AGE Years 70 Months 10 Days _____ If LESS than 1 day, _____ hrs. _____ min.

8. Trade, profession, or particular kind of work done as SPINNER, SAWYER, BOOKKEEPER, etc. Housework
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. _____

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) Maryland
(State or country)13. NAME William Townsend14. BIRTHPLACE (city or town) Maryland
(State or country)15. MAIDEN NAME Rachel Carroll16. BIRTHPLACE (city or town) Maryland
(State or country)17. INFORMANT Mrs. Walter Baker
(Address) Secretary and18. BURIAL, CREMATION, OR REMOVAL
Place East new Market Date Aug 26, 193519. UNDERTAKER H. H. Thillgothky
(Address) East new Market20. FILED 8/24 1935 John Moore
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

August 24, 1935
(Month) (Day) (Year)

22. I HEREBY CERTIFY That I attended deceased from

August 24, 1935, to August 24, 1935I last saw her alive on August 24, 1935; death is saidto have occurred on the date stated above, at 10:33 AM.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

1. Fractured skull
2. Crushing injury chest
3. Surgical shock

Date of onset

Aug 24, 35Aug 24, 35Aug 24, 35

Other Contributory Causes of importance:

1. Partial avulsion right fore arm
2. Fracture right ilium

Aug 24, 35Aug 24, 35

Name of operation _____ Date of _____

What test confirmed diagnosis? clinical Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury Aug 24, 1935Where did injury occur? Dorchester County
(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury Struck by automobileNature of injury Fractured skull, Crushed chest24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) J. Frederick Simmons M. D.(Address) Cambridge, Md

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927
Other contributory causes of importance:	
Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago
Other contributory causes of importance:	
Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

08740

1. PLACE OF DEATH

County Dorchester Registration Dist. No. 116
 Village or City Cambridge Md. No. 822 St. Ward
 (If death occurred in a hospital or institution, give its NAME instead of street and number)
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME

William F. McClernahan
 (a) Residence: No. 203 Maryland Ave. St. Ward.
 (Usual place of abode) WITHIN CORPORATE LIMITS OF
 If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5a. If married, widowed, or divorced HUSBAND of <u>Gladys</u> (or) WIFE of <u>Barney</u>		
6. DATE OF BIRTH (month, day, and year) <u>Mar 1, 1867</u>		
7. AGE Years <u>67</u>	Months <u>9</u>	Days <u>12</u>
If LESS than 1 day, <u> </u> hrs. or <u> </u> min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc. <u>Retired</u>	
	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. <u>Paper Reporter</u>	
	10. Date deceased last worked at this occupation (month and year) <u> </u>	
11. Total time (years) spent in this occupation <u> </u>		

12. BIRTHPLACE (city or town)
(State or country) Port Deposit Md.

13. NAME John M. McClernahan

14. BIRTHPLACE (city or town)
(State or country) Md.

15. MAIDEN NAME Fanny J. Farrow

16. BIRTHPLACE (city or town)
(State or country) Md.

17. INFORMANT Mrs. Gladys M. McClernahan
(Address) Cambridge Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Cambridge Md. Date Aug 15, 1935

19. UNDERTAKER Frank E. Albaugh
(Address) Cambridge Md.

20. FILED 8/14/35 John Moore
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Aug 13, 1935
 (Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from
Aug 12, 1935 to Aug 13, 1935

I last saw him alive on Aug 13, 1935; death is said
 to have occurred on the date stated above, at 8:50 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance
 were as follows:

arteriosclerosis

Date of onset 2

Other Contributory Causes of Importance:

Repeated cerebral

hemorrhages

Hypertrophy of the prostate

Name of operation None Date of

What test confirmed diagnosis Clinical Evidence Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? No Date of injury , 19

Where did injury occur?

(Specify city or town, county and State)
 Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury ✓

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John Schneider

(Address) Cambridge, Maryland

M. O.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis

Date of onset

1915

Chronic interstitial nephritis

1921

Cerebral hemorrhage

July 5, 1927

Other contributory causes of importance:

Gallstones

May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy

Date of onset

1 week ago

Run over by street car

1 week ago

Peritonitis

3 days ago

Other contributory causes of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

1935-8-13
1867-11-1
67-9-12

RECEIVED
SEP 8 1935
BUREAU V. S.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

08741

1. PLACE OF DEATH

County Dorchester Registration Dist. No. 116
 Village or City Cambridge Md. No. St. Ward
 (If death occurred in a hospital or institution, give its NAME instead of street and number)
 Length of residence in city or town where death occurred yrs. 5 mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Frederick Winfield Mc Grath
 (a) Residence: No. 301 Hampshire Ave St. Ward.
 (Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>Nettie Edgeworth</u>		
6. DATE OF BIRTH (month, day, and year) <u>April 6, 1874</u>		
7. AGE Years <u>61</u> Months <u>4</u> Days <u>15</u>	If LESS than 1 day, hrs. <u> </u> or min. <u> </u>	
OCCUPATION <u>40</u>	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. <u>Laborer</u>	
	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. <u> </u>	
10. Date deceased last worked at this occupation (month and year) <u> </u>		11. Total time (years) spent in this occupation <u> </u>

12. BIRTHPLACE (city or town) (State or country) <u>Cambridge Md.</u>	
FATHER	13. NAME <u>Frank Mc Grath</u>
	14. BIRTHPLACE (city or town) (State or country) <u>Cambridge Md.</u>
MOTHER	15. MAIDEN NAME <u>Emery Paul</u>
	16. BIRTHPLACE (city or town) (State or country) <u>Cambridge Md.</u>
17. INFORMANT <u>Mrs. Nettie Mc Grath</u> (Address) <u>Cambridge Md.</u>	
18. BURIAL, CREMATION, OR REMOVAL Place <u>Cambridge Md.</u> Date <u>Aug 23, 1935</u>	
19. UNDERTAKER <u>Frank E. Dillough</u> (Address) <u>Cambridge Md.</u>	
20. FILED <u>8-23</u> , 19 <u>35</u> <u>John Mc Grath</u> Registrar.	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

Aug 21, 1935
 (Month) (Day) (Year)

22. I HEREBY CERTIFY That I attended deceased from July 1, 1935, to Aug 21, 1935.
 I last saw him alive on Aug 20, 1935; death is said to have occurred on the date stated above, at 9 P. m.
 The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Chronic Myocarditis Data of onset 1934

Other Contributory Causes of importance:

Carcinoma (Cytosis) and Chronic Metastases April 1935

Name of operation None Date of
 What test confirmed diagnosis? clinical Was there an autopsy? Yes

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19
 Where did injury occur?
 (Specify city or town, county and State)
 Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury
 Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify
 (Signed) Dr. J. E. Shriver M. D.
 (Address) Cambridge Md.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

BUREAU V S.

Other contributory causes of importance:

Gallstones	May 1, 1923
------------	-------------

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year
-----------------	--------

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

1938
1874-4-15
61-4-15

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

08742

1. PLACE OF DEATH

County Baltimore Registration Dist. No. 116
 Village or City Vincent R.F.D. No. St. Ward
 (If death occurred in a hospital or institution, give its NAME instead of street and number)
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME

Lester H. Pridem If U.S. Veteran specify WAR
 (a) Residence: No. St. Ward.
 (Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>Colored</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5a. If married, widowed, or divorced HUSBAND of <u> </u> (or) WIFE of <u> </u>		
6. DATE OF BIRTH (month, day, and year) <u>Jan 10 1862</u>		
7. AGE <u>73</u> Years	Months <u>3</u>	Days <u> </u> If LESS than 1 day, <u> </u> hrs. or <u> </u> min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. <u>Laborer</u>
	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. <u>in farming</u>
	10. Date deceased last worked at this occupation (month and year) <u>5 yrs</u>
	11. Total time (years) spent in this occupation <u>55</u>

12. BIRTHPLACE (city or town) <u>Maryland</u> (State or country)

FATHER	13. NAME <u>Lant Kern</u>
	14. BIRTHPLACE (city or town) <u>Lant Kern</u> (State or country)

MOTHER	15. MAIDEN NAME <u>Lant Kern</u>
	16. BIRTHPLACE (city or town) <u>Lant Kern</u> (State or country)

17. INFORMANT <u>Joseph A. Pridem</u> (Address)
--

18. BURIAL, CREMATION, OR REMOVAL Place <u> </u> Date <u>Aug 26 1935</u>
--

19. UNOERTAKER <u>Lester H. Pridem</u> (Address) <u>Baltimore Md</u>

20. FILED <u>8-26-35</u> <u>John Moore Jr</u> Register

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH <u>Aug 20</u> (Month) (Day) 193 <u>5</u> (Year)

22. I HEREBY CERTIFY, That I attended deceased from <u> </u> 19 <u>35</u> to <u>8/20</u> 19 <u>35</u> (Year) (Year)
--

I last saw h. in alive on 8/20 1935; death is said to have occurred on the date stated above, at 9:30 P m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

acute enteritis

Other Contributory Causes of Importance:

arterio sclerosis

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:
 Accident, suicide, or homicide? Date of injury 19
 Where did Injury occur?
 (Specify city or town, county and State)
 Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify
 (Signed) M. O.
 (Address)

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927
Other contributory causes of importance:	
Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago
Other contributory causes of importance:	
Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

08743

1. PLACE OF DEATH

County DorchesterRegistration Dist. No. II6Village or City R. F. D. Cambridge, Md.No. XSt. Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 20 yrs. X mos. X ds. How long in U. S. if of foreign birth? yrs. mos. ds.2. FULL NAME Milton C. Richardson.(a) Residence: No. Cambridge, R. F. D. Md. St. X Ward. X

(Usual place of abode)

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (<i>write the word</i>) <u>Married</u>
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>Nettie Davey Peters.</u>		
6. DATE OF BIRTH (month, day, and year) <u>I/6/I869</u>		
7. AGE Years <u>66</u>	Months <u>7</u>	Days <u>13</u> If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. <u>Farmer</u>	
	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. <u>Dirt</u>	
	10. Date deceased last worked at this occupation (month and year) <u>3/1/35.</u>	
		11. Total time (years) spent in this occupation <u>20</u>

12. BIRTHPLACE (city or town) Church Creek, Md.
(State or country)13. NAME Wm. C. Richardson.14. BIRTHPLACE (city or town) Church Creek,
(State or country) Md.15. MAIDEN NAME Sarah C. Christopher.16. BIRTHPLACE (city or town) Church Creek,
(State or country) Md.17. INFORMANT Earl T. Richardson.
(Address) Cambridge, Md.18. BURIAL, CREMATION, OR REMOVAL
Cambridge, Md. Date 8/21/35,19. UNDERTAKER Granville S. LeCompte.
(Address) Cambridge, Md.20. FILED 8-20-35 John M. M. Jr.
Register.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

August 19th, 1935
(Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from

May 15 1935, to Aug 19, 1935I last saw him alive on Aug 19 1935; death is saidto have occurred on the data stated above, at 2:30 P.M.The PRINCIPAL CAUSE OF DEATH and related causes of importance
were as follows:Coronary Thrombus

Date of onset

Other Contributory Causes of Importance:

Pulmonary Embolus1935
Aug 19Name of operation none Date ofWhat test confirmed diagnosis Clinical Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? no Date of injury _____, 19____Where did injury occur? no(Specify city or town, county and State)
Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.Manner of injury noNature of Injury no24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Wm. J. Schneider M. D.(Address) Cambridge, Maryland.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927
Other contributory causes of importance:	
Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago
Other contributory causes of importance:	
Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

08744

1. PLACE OF DEATH

County DorchesterVillage or City near Eldorado

No.

St.

Ward

(If death occurred in a hospital or institution, give its NAME, instead of street and number)

Length of residence in city or town where death occurred 2 yrs. 6 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.2. FULL NAME Elda E. Shaffer,

If U. S. Veteran specify WAR.

(a) Residence: No. Rhodesdale, Md. R.F.D. St. Ward.

(Usual place of abode)

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female,

4. COLOR OR RACE

White,5. SINGLE, MARRIED, WIDOWED,
OR DIVORCED (write the word)Widowed,5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE ofQuitman Shaffer, dec'd.6. DATE OF BIRTH (month, day, and year) Sept. 26th, 1855

7. AGE

Years

Months

Days

If LESS than
1 day, hrs.
or min.791019

OCCUPATION

8. Trade, profession, or particular
kind of work done, as SPINNER,
SAWYER, BOOKKEEPER, etc.House-work.9. Industry or business in which
work was done, as SILK MILL,
SAW MILL, BANK, etc.10. Date deceased last worked at
this occupation (month and
year)June 193511. Total time (years)
spent in this
occupation Life12. BIRTHPLACE (city or town)
(State or country) New York City,
N.Y.

FATHER

13. NAME

Henry Arnold,14. BIRTHPLACE (city or town)
(State or country)Germany,

MOTHER

15. MAIDEN NAME

Margaret Hemstreet,16. BIRTHPLACE (city or town)
(State or country)Cobleskill,
N.Y.17. INFORMANT Mrs. John K. Fleming,
(Address) Rhodesdale, Md. R.F.D.

18. BURIAL, CREMATION, OR REMOVAL

Place St. James Cemetery Aug. 19th 1935Hyde's Park N.Y.19. UNDERTAKER J. T. Frampton & Son
(Address) Federalburg, Md.20. FILED Aug 16, 1935
St. James
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

August 15th, 1935
(Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from

Aug, 1934, to 8/15, 1935
I last saw him alive on 8/14, 1935; death is saidto have occurred on the date stated above, at 2-45 P.M.The PRINCIPAL CAUSE OF DEATH and related causes of importance
were as follows:Cerebral Arterio Sclerosis Aug 1935

Other Contributory Causes of Importance:

Terminal Bronchitis Pneumonia 8/15/35

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) W. K. Smith M. D.(Address) Federalburg, Md.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Other contributory causes of importance:

Gallstones

Date of onset

1915

1915

July 5, 1927

May 1, 1923

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy

Attack of epilepsy

Peritonitis

Other contributory causes of importance:

Gastroenteritis

Date of onset

1 week ago

1 week ago

3 days ago

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

08745

1. PLACE OF DEATH

County DorchesterVillage or City Robbins, Md.

No.

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 76 yrs. 9 mos. 25 ds. How long in U.S. if of foreign birth? _____ yrs. _____ mos. _____ ds.2. FULL NAME Laurence Franklin Slacum.(a) Residence: No. Robbins, Md.

St.

Ward.

(Usual place of abode)

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White5. SINGLE, MARRIED, WIDOWED,
OR DIVORCED (write the word)Married5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE ofSarah E. Mills

6. DATE OF BIRTH (month, day, and year)

10/11/1858

7. AGE

Years

Months

Days

If LESS than
1 day, _____ hrs.
or _____ min.76925

OCCUPATION

8. Trade, profession, or particular
kind of work done, as SPINNER,
SAWYER, BOOKKEEPER, etc.Farmer9. Industry or business in which
work was done, as SILK MILL,
SAW MILL, BANK, etc.x10. Date deceased last worked at
this occupation (month and
year)193311. Total time (years)
spent in this
occupation5612. BIRTHPLACE (city or town) Robbins, Md.
(State or country)

MOTHER | FATHER

13. NAME A. J. Slacum14. BIRTHPLACE (city or town) Robbins, Md.
(State or country)15. MAIDEN NAME Mary Willey16. BIRTHPLACE (city or town) Robbins,
(State or country) Md.17. INFORMANT Mrs. Ray Slacum
(Address) Cambridge, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Cambridge, Md. Date 8/7/35, 1919. UNDERTAKER Granville S. LeCompte
(Address) Cambridge, Md.20. FILED Aug 7, 1935 Mrs H. J. Busick
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

August6th,1935

(Month)

(Day)

(Year)

22. I HEREBY CERTIFY, That I attended deceased from

Mich. 9, 1935, to Aug 6, 1935I last saw him alive on Aug 5, 1935; death is saidto have occurred on the date stated above, at 8.45 A.M.The PRINCIPAL CAUSE OF DEATH and related causes of importance
were as follows:Stroke Intentional
depression

Date of onset

Feb. 1934

Other Contributory Causes of Importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19

Where did injury occur? _____

(Specify city or town, county and State)
Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed)

P. H. Taver

M. D.

(Address)

Cambridge, Md.

MARGIN RESERVED FOR BINDING

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write *Housewife* in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
<i>Arteriosclerosis</i>	<i>1915</i>
<i>Chronic interstitial nephritis</i>	<i>1921</i>
<i>Cerebral hemorrhage</i>	<i>July 5, 1927</i>

Other contributory causes of importance:

<i>Gallstones</i>	<i>May 1, 1923</i>
-------------------	--------------------

Example II

The principal cause of death and related causes of importance were as follows:

	Date of onset
<i>Attack of epilepsy</i>	<i>1 week ago</i>
<i>Run over by street car</i>	<i>1 week ago</i>
<i>Peritonitis</i>	<i>3 days ago</i>

Other contributory causes of importance:

<i>Gastroenteritis</i>	<i>1 year</i>
------------------------	---------------

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

08746

1. PLACE OF DEATH

County Dorchester
Village or City CambridgeRegistration Dist. No. 116No. 9 Dunn Lane St. _____ Ward _____

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 40 yrs. 5 mos. 6 ds. How long in U.S. if of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME

Evelyn Smith

WITHIN CORPORATE LIMITS OF _____

(a) Residence: No. 9 Dunn Lane
(Usual place of abode)

St. _____ Ward _____

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE Col 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed5a. If married, widowed, or divorced
HUSBAND of Chas. Smith
(or) WIFE of6. DATE OF BIRTH (month, day, and year) March 9, 19017. AGE Years 44 Months 5 Days 6 If LESS than 1 day, _____ hrs. or _____ min.8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEPER, etc. Housework9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. own home10. Date deceased last worked at this occupation (month and year) 8/12/35 11. Total time (years) spent in this occupation 112. BIRTHPLACE (city or town) Accomac co.
(State or country) Va.13. NAME Henry Whalop14. BIRTHPLACE (city or town) Somewhere in
(State or country) Va.15. MAIDEN NAME Dont know16. BIRTHPLACE (city or town) Dont know
(State or country)17. INFORMANT Herman Lane
(Address) Philadelphia, Pa.18. BURIAL, CREMATION, OR REMDVAL
Place Cambridge Date Aug. 18 19 3519. UNDERTAKER Lewis Baynem
(Address) Cambridge, Md.20. FILED 8/15/35 19 John Moore
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

Aug. 13, 1935
(Month) (Day) (Year)

22. I HEREBY CERTIFY That I attended deceased from

1935 to Aug 12, 1935I last saw him alive on Aug 18, 1935; death is saidto have occurred on the date stated above, at 9 a m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Chronic Myocarditis Date of onset 1931

Other Contributory Causes of importance:

Tuberculosis - Pulmon Jan 1935Name of operation None Date of _____What test confirmed diagnosis? clinical Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____

(Specify city or town, county and State)
Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) Dr. H. Shriver M. D.(Address) CambridgeMd.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

SEP 8 1935

BUREAU OF VITALS

Other contributory causes of importance:

Gallstones	May 1, 1923
------------	-------------

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year
-----------------	--------

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

08747

1. PLACE OF DEATH

County DorchesterVillage or City Cambridge, Md.No. XSt. II

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 29 yrs. 0 mos. 0 ds. How long in U. S. if of foreign birth? 0 yrs. 0 mos. 0 ds.2. FULL NAME Mary Ann Stafford.(a) Residence: No. 12 Glasgow St.

(Usual place of abode)

St. I Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married.</u>
-------------------------	----------------------------------	---

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of George F. Stafford.

6. DATE OF BIRTH (month, day, and year) I/28/1855

7. AGE	Years	Months	Days	If LESS than 1 day, ----- hrs. or ----- min.
	<u>80</u>	<u>7</u>	<u>I</u>	

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. House Wife

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. X

10. Date deceased last worked at this occupation (month and year) 1933

11. Total time (years) spent in this occupation 55

12. BIRTHPLACE (city or town) Talbot Co. Md.
(State or country)13. NAME Samuel Horney14. BIRTHPLACE (city or town) Talbot Co. Md.
(State or country)15. MAIDEN NAME Mary E. Wise.16. BIRTHPLACE (city or town) Talbot Co. Md.
(State or country)17. INFORMANT Mrs. V. Calvin Trice.
(Address) Cambridge, Md.18. BURIAL, CREMATION, OR REMOVAL
Place Harrington, Del. Date 8/31/35, 193519. UNDERTAKER Granville S. LeCompte.
(Address) Cambridge, Md.20. FILED 8-31, 1935 John M. G.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

August 29th, 1935
(Month) (Day) (Year)22. I HEREBY CERTIFY. That I attended deceased from 1934 to Aug. 29, 1935I last saw her alive on Aug 28, 1935; death is said to have occurred on the date stated above, at 3.45 A. M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Carcinoma - Cecal Date of onset 1934

Other Contributory Causes of importance:

Chronic Myocarditis 1930Name of operation None Date of 1935What test confirmed diagnosis? clinical Was there an autopsy? Yes

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? None Date of injury 1935Where did injury occur? None(Specify city or town, county and State)
Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.Manner of injury NoneNature of injury None24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Dr. H. Shriver M. D.(Address) Cambridge, Md.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923
------------	-------------

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year
-----------------	--------

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH 08748

1. PLACE OF DEATH

County DorchesterRegistration Dist. No. 116Village or City CambridgeNo. Eastern Shore State Hospital St. Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 0 yrs. 5 mos. 30 ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Severn R. Sterling

(a) Residence: No. Crisfield, Md.St. Ward.

(Usual place of abode)

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED,

OR DIVORCED (write the word)
Widowed

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofWallace Maxwell6. DATE OF BIRTH (month, day, and year) February 24, 1865

7. AGE

Years

Months

Days

If LESS than
1 day, hrs.
or min.70512

OCCUPATION

8. Trade, profession, or particular
kind of work done, as SPINNER,
SAWYER, BOOKKEEPER, etc.Groceryman9. Industry or business in which
work was done, as SILK MILL,
SAW MILL, BANK, etc.Own Store10. Date deceased last worked at
this occupation (month and
year) about 2 yrs. ago11. Total time (years)
spent in this
occupation Life12. BIRTHPLACE (city or town) Crisfield
(State or country) Md.

FATHER

13. NAME

Wesley Sterling

14. BIRTHPLACE (city or town)

Crisfield

(State or country)

Md.

MOTHER

15. MAIDEN NAME

Sarah Riffin

16. BIRTHPLACE (city or town)

Crisfield

(State or country)

Md.17. INFORMANT E.S.S. Hospital Records
(Address) Cambridge, Maryland

18. BURIAL, CREMATION, OR REMOVAL

Place Family PlotDate 8/71935

19. UNDERTAKER

(Address) 605-1000 St. Crisfield20. FILED 8/5/351935

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

August 5, 1935, 1935
(Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from

February 6, 1935, to August 5, 1935I last saw him alive on August 5, 1935; death is saidto have occurred on the date stated above, at 4:55 A.m.The PRINCIPAL CAUSE OF DEATH and related causes of importance
were as follows:Cerebral arteriosclerosis

Date of onset

about
2 yrs.
ago

Other Contributory Causes of importance:

Name of operation Date of What test confirmed diagnosis? Was there an autopsy NO

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury Nature of Injury 24. Was disease or injury in any way related to occupation of deceased? NO

If so, specify

(Signed)

Charles Lapierre

M. D.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923
------------	-------------

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year
-----------------	--------

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

08749

1. PLACE OF DEATH

County DorchesterVillage or City Linkwood

No.

St.

Ward

Length of residence in city or town where death occurred 47 yrs. mos.How long in U.S. if of foreign birth? 47 yrs. mos.

2. FULL NAME

(a) Residence: No. Linkwood St. Mc Ward.

(Usual place of abode)

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>742</u>	4. COLOR OR RACE <u>C.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
----------------------	-------------------------------	---

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Thomas Stewart6. DATE OF BIRTH (month, day, and year) June 30 1885

7. AGE <u>60</u>	Years	Months <u>1</u>	Days <u>15</u>	If LESS than 1 day, _____ hrs. or _____ min.
---------------------	-------	--------------------	-------------------	--

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Housewife9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. own home

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) Cordtown Road.
(State or country) Dorchester Co.13. NAME Abraham Pinder14. BIRTHPLACE (city or town) Cord Town.
(State or country) Dorchester Co and15. MAIDEN NAME Harriette Cheater16. BIRTHPLACE (city or town) Cordtown
(State or country) Dorchester Co and17. INFORMANT Thomas Stewart
(Address) Linkwood, Md.18. BURIAL, CREMATION, OR REMOVAL Cordtown Cem.
Place Cordtown Date Aug 18 193519. UNDERTAKER Harry A. Dodson
(Address) 229 High St. Cambridge20. FILED 8/16/35 1935 John W. W. W.

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

August 14 1935
(Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from

April 1915 to Aug 14 1935I last saw him alive on Aug 10 1935; death is saidto have occurred on the date stated above, at 9 A. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Chronic Myocarditis 1934

Other Contributory Causes of importance:

Chronic Intestinal 1934
NephritisName of operation None Date of _____What test confirmed diagnosis? Autopsy Was there an autopsy? _____

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____

Where did injury occur? _____

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____

(Signed) Dr. H. Shriver M. D.(Address) Cambridge, Md.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927
Other contributory causes of importance:	
Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago
Other contributory causes of importance:	
Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

08750

1. PLACE OF DEATH

County DorchesterRegistration Dist. No. 116Village or City Nr. Cambridge, Md.Ward Northeastern Shore State Hospital St.Length of residence in city or town where death occurred 4 yrs. 6 mos. 28 ds. How long in U. S. if of foreign birth? _____ yrs. _____ mos. _____ ds.2. FULL NAME Virginia Strickland(a) Residence: No. Salisbury, Md.St. 5 Ward.

(Usual place of abode)

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
-------------------------	----------------------------------	---

5a. If married, widowed, or divorced
HUSBAND of R. N. Strickland
(or) WIFE of6. DATE OF BIRTH (month, day, and year) 11/16/1894

7. AGE Years <u>40</u>	Months <u>9</u>	Days <u>0</u>	If LESS than 1 day, _____ hrs. or _____ min.
------------------------------	--------------------	------------------	--

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Housework9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Own Home10. Date deceased last worked at this occupation (month and year) about 10 yrs. ago11. Total time (years) spent in this occupation Life12. BIRTHPLACE (city or town) Nr. Salisbury
(State or country) Maryland13. NAME Levin J. Hastings14. BIRTHPLACE (city or town) Nr. Laurel
(State or country) Del.15. MAIDEN NAME Olivia Wilkerson16. BIRTHPLACE (city or town) Nr. Salisbury
(State or country) Maryland17. INFORMANT E. S. S. Hospital
(Address) Cambridge, Md.18. BURIAL, CREMATION, OR REMOVAL
Place Parsons Ave Date Aug. 18, 193519. UNDERTAKER Hallberg & Co
(Address) Salisbury, Md.20. FILED 8/16/1935 John Moore
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

August 16, 1935
(Month) (Day) (Year)22. I HEREBY CERTIFY, That I attended deceased from
April 12, 1930, to August 16, 1935I last saw her alive on August 16, 1935; death is said
to have occurred on the date stated above, at 8:55 A.M.The PRINCIPAL CAUSE OF DEATH and related causes of importance
were as follows:Pulmonary tuberculosis

Date of onset

2 yrs.
ago

Other Contributory Causes of Importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____

(Specify city or town, county and State)
Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) Charles Zepierre M. D.(Address) Cambridge, Maryland

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923
------------	-------------

Example II

The principal cause of death and related causes of importance were as follows:

	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year
-----------------	--------

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

08751

1. PLACE OF DEATH

County BaltimoreVillage or City Cumby

Registration Dist. No. _____

No. Cumby Hospital St. _____ Ward _____

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. if of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME

(a) Residence: No. _____

Henry

St. _____ Ward _____

(Usual place of abode)

WITHIN CORPORATE LIMITS OF
If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

F

4. COLOR OR RACE

W5. SINGLE, MARRIED, WIDOWED,
OR DIVORCED (write the word)single5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of _____

6. DATE OF BIRTH (month, day, and year)

8/30/35

7. AGE

Years

Months

Days

If LESS than
1 day, _____ hrs.
or _____ min.1

OCCUPATION

8. Trade, profession, or particular
kind of work done, as SPINNER,
SAWYER, BOOKKEEPER, etc.None9. Industry or business in which
work was done, as SILK MILL,
SAW MILL, BANK, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town)
(State or country)Cumby
Ind

FATHER

13. NAME

Reginald Thomas14. BIRTHPLACE (city or town)
(State or country)Cumby
Ind

MOTHER

15. MAIDEN NAME

Eulah Thomas16. BIRTHPLACE (city or town)
(State or country)Baltimore Co
Ind17. INFORMANT
(Address)Eulah Thomas
Cumby Ind

18. BURIAL, CREMATION, OR REMOVAL

Place

Cumby Ind 8-31-3519. UNDERTAKER
(Address)Granville S. DeCompte
Cumby Ind

20. FILED

8/31/35John Moore Jr
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

(Month)

(Day)

1935
(Year)

22. I HEREBY CERTIFY, That I attended deceased from

Aug 30, 1935, to Aug 31, 1935I last saw him alive on Aug 30, 1935; death is said
to have occurred on the date stated above, at 8 A m.The PRINCIPAL CAUSE OF DEATH and related causes of importence
were as follows:Congenital atelectasisDate of onset
8/30/35

Other Contributory Causes of importence:

Pneumonia

Name of operation

CremationDate of 8/30/35

What test confirmed diagnosis?

ExamWas there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?

Date of injury _____, 19____

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed)

(Address)

John Moore Jr
Cumby Ind

M. D.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927
Other contributory causes of importance:	
Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago
Other contributory causes of importance:	
Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

08752

1. PLACE OF DEATH

County DorchesterRegistration Dist. No. 116Village or City Nr. CambridgeNo Eastern Shore State Hospital St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 4 yrs. 8 mos. 21 ds. How long in U.S. if of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME

William James Thompson(a) Residence: No. Taylor's Island, Md. St., Ward.

(Usual place of abode)

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5e. If married, widowed, or divorced HUSBAND of (or) WIFE of		
6. DATE OF BIRTH (month, day, end year) <u>August 3, 1863</u>		
7. AGE Years <u>72</u>	Months <u>0</u>	Days <u>7</u>
If LESS than 1 day, _____ hrs. or _____ min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. <u>Farmer</u>	
	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. <u>Laborer</u>	
	10. Date deceased last worked at this occupation (month and year) <u>about 15 yrs. ago</u>	
		11. Total time (years) spent in this occupation <u>About 45 yrs.</u>

12. BIRTHPLACE (city or town) Taylor's Island
(State or country) Md.13. NAME Emasa Thompson14. BIRTHPLACE (city or town) Taylor's Island
(State or country) Md.15. MAIDEN NAME Elizabeth Spicer16. BIRTHPLACE (city or town) Taylor's Island
(State or country) Md.17. INFORMANT E.S.S. Hospital
(Address) Cambridge, Md.18. BURIAL, CREMATION, OR REMOVAL
Place Cambridge Md. Date 8/10, 193519. UNDERTAKER W. L. Crompt
(Address) Cambridge Md.20. FILED 8-10-35 Johnson
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

August 10, 1935
(Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from

November 20, 1930, to August 10, 1935I last saw him alive on August 10, 1935; death is saidto have occurred on the date stated above, at 4:15 A.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Cerebral arteriosclerosis

Date of onset

about
15
yrs.
ago

Other Contributory Causes of Importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 1935

Where did injury occur? _____

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) Charles L. Pierre M. D.(Address) Cambridge, Md.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927
Other contributory causes of importance:	
Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago
Other contributory causes of importance:	
Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

08753

1. PLACE OF DEATH

County

Village or City

Length of residence in city or town where death occurred

36 yrs.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

How long in U.S. if of foreign birth?

Registration Dist. No.

116

Ward

2. FULL NAME

(a) Residence: No.

(Usual place of abode)

WITHIN CORPORATE LIMITS

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

male

4. COLOR OR RACE

col.

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

How Todd

6. DATE OF BIRTH (month, day, and year)

1880

7. AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

5-5-

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

Laborer
any later
8-25-35

11. Total time (years) spent in this occupation

40

12. BIRTHPLACE (city or town) (State or country)

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place

19. UNDERTAKER

(Address)

20. FILED

8-27-

1935

John Todd

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

August 26, 1935

(Month)

(Day)

1935 (Year)

22. I HEREBY CERTIFY, That I attended deceased from August 26, 1935, to August 26, 1935

I last saw him alive on August 26, 1935; death is said

to have occurred on the date stated above, at 10:27 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

1. Crushing injury chest
2. Compound fracture left femur
3. Compound fracture left ankle with partial avulsion left

Date of onset

8-26-35

8-26-35

8-26-35

8-26-35

Other Contributory Causes of importance:

Multiple lacerations face, forehead, & right leg

8-26-35

Name of operation Reduction fracture left femur

What test confirmed diagnosis? Clinical

Date of August 26, 1935

Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide Accident

Where did injury occur? East New Market, Md.

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury Hit by automobile

Nature of injury See # 22

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) J. Frederick Finney

(Address) Cambridge, Md.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927
Other contributory causes of importance:	
Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago
Other contributory causes of importance:	
Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

08754

1. PLACE OF DEATH

County DorchesterVillage or City Near Galestown,No. 38

110

Registration Dist. No. 110St. Ward Length of residence in city or town where death occurred 38 yrs. mos. ds. (If death occurred in a hospital or institution, give its NAME instead of street and number)How long in U.S. If of foreign birth? yrs. mos. ds.2. FULL NAME Effie L. Wheatley(a) Residence: No. St. Ward.

(Usual place of abode)

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
-------------------------	----------------------------------	---

5a. If married, widowed, or divorced
HUSBAND of Irving S. Wheatley
(or) WIFE of Oct, 1st, 1866.

6. DATE OF BIRTH (month, day, and year)

7. AGE Years <u>68</u>	Months <u>10</u>	Days <u>10</u>	If LESS than 1 day, <u></u> hrs. or <u></u> min.
---------------------------	------------------	----------------	--

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Housewife

10. Date deceased last worked at this occupation (month and year) Maryland
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

13. NAME William M. Wheatley
14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Nancy Williams
16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Irving S. Wheatley
(Address) Seaford, Del., R.D.

18. BURIAL, CREMATION, OR REMOVAL
Place Home Cemetery Date Aug. 13, 1935

19. UNDERTAKER W.D. Gravenor & Bro,
(Address) Sharptown, Md.

20. FILED Aug 12th 1935 J. H. Hastings
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Aug 11 1935

(Month)

(Day)

(Year)

22. I HEREBY CERTIFY, That I attended deceased from Aug 11 1935I last saw him alive on Aug 11 1935; death is saidto have occurred on the date stated above, at 11 m.The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows ArteriosclerosisDate of onset 1925Other Contributory Causes of importance: HypertensionName of operation Date of What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19Where did Injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury Nature of Injury 24. Was disease or Injury in any way related to occupation of deceased? If so, specify (Signed) J. H. Hastings M. D.(Address) Sharptown, Md.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Date of onset

1915

1921

July 5, 1927

BUREAU V. S.

Other contributory causes of importance:

Gallstones

May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Date of onset

1 week ago

1 week ago

3 days ago

Other contributory causes of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

08755

1. PLACE OF DEATH

County DorchesterVillage or City Cambury

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U.S. if of foreign birth?

yrs.

mos.

Registration Dist. No. 116No. Cambury Hospital Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME

(a) Residence: No. Vienna Rd.St. Ward.

(Usual place of abode)

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Married5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE ofMary Willey

6. DATE OF BIRTH (month, day, end year)

Dec 13, 1884

7. AGE

Years

Months

Days

If LESS than
1 day, _____ hrs.
or _____ min.51723

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

Farmer

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

Farm

10. Date deceased last worked at this occupation (month and year)

8/5/35

11. Total time (years) spent in this occupation

all life12. BIRTHPLACE (city or town)
(State or country)Dorchester Co. Md.

FATHER

13. NAME

John Willey14. BIRTHPLACE (city or town)
(State or country)Dorchester Co. Md.

MOTHER

15. MAIDEN NAME

Mary Jacey16. BIRTHPLACE (city or town)
(State or country)Dorchester Co. Md.17. INFORMANT
(Address)Hospital Record
Cambury Md.

18. BURIAL, CREMATION, OR REMOVAL

Place

Giffith Neck, Md.

Date

8-6-3519. UNDERTAKER
(Address)G. S. Campbell
Cambury Md.

20. FILED

8/5/35John Willey
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

Aug 5, 1935
(Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from

Aug 5, 1935, to Aug 5, 1935I last saw him alive on Aug 5, 1935; death is heldto have occurred on the date stated above, at 8:55 P. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Strangulation
Posterior Cervical Vertebrae

Date of onset

8/5/358/5/35

Other Contributory Causes of importance:

Chronic alcoholism

Name of operation

None

Date of

What test confirmed diagnosis?

Ex. Am.

Was there an autopsy?

No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Suicide Date of injury 8/5/35Where did injury occur? Vienna Md.

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Home

Manner of injury

Hanging

Nature of injury

Strangulation Posterior Cervical Vertebrae24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed)

(Address)

John Willey
Cambury Md.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923
------------	-------------

Example II

The principal cause of death and related causes of importance were as follows:

	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year
-----------------	--------

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

1946

Registration Dist. No. 116

Mr. John Willey
In Church Creek St W

(Usual place of abode)

If nonresident give city or town and State

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH August 22, 1935
(Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from August 22, 1935, to August 22, 1935
I last saw him alive on August 22, 1935; death is said

The **PRINCIPAL CAUSE OF DEATH** and related causes of Importance were as follows:

Fracture	Date of onset
1. Fracture of base of skull	August 22, 1933
2. Probable fracture of cervical vertebrae	August 22, 1933

Other Contributory Causes of importance:

Nama of operation _____ Date of _____
 What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (VIDLENCE) fill in also the following:

Accident, suicide, or homicide? *Accident* Date of Injury *Aug 22, 1935*
Where did Injury occur? *Dorchester Co. Ind.*
(Specify city or town, county and State)
Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Indusory - cutting trees for saw mill
Manner of injury Struck on head by falling tree
Nature of injury Fracture - Indolent abscess

24. Was disease or injury in any way related to occupation of deceased? Yes
If so, specify Criminal sustained by 1st. 2nd. 3rd. 4th. 5th. 6th. 7th. 8th. 9th. 10th. 11th. 12th. 13th. 14th. 15th. 16th. 17th. 18th. 19th. 20th. 21st. 22nd. 23rd. 24th. 25th. 26th. 27th. 28th. 29th. 30th. 31st. 32nd. 33rd. 34th. 35th. 36th. 37th. 38th. 39th. 40th. 41st. 42nd. 43rd. 44th. 45th. 46th. 47th. 48th. 49th. 50th. 51st. 52nd. 53rd. 54th. 55th. 56th. 57th. 58th. 59th. 60th. 61st. 62nd. 63rd. 64th. 65th. 66th. 67th. 68th. 69th. 70th. 71st. 72nd. 73rd. 74th. 75th. 76th. 77th. 78th. 79th. 80th. 81st. 82nd. 83rd. 84th. 85th. 86th. 87th. 88th. 89th. 90th. 91st. 92nd. 93rd. 94th. 95th. 96th. 97th. 98th. 99th. 100th. 101st. 102nd. 103rd. 104th. 105th. 106th. 107th. 108th. 109th. 110th. 111th. 112th. 113th. 114th. 115th. 116th. 117th. 118th. 119th. 120th. 121st. 122nd. 123rd. 124th. 125th. 126th. 127th. 128th. 129th. 130th. 131st. 132nd. 133rd. 134th. 135th. 136th. 137th. 138th. 139th. 140th. 141st. 142nd. 143rd. 144th. 145th. 146th. 147th. 148th. 149th. 150th. 151st. 152nd. 153rd. 154th. 155th. 156th. 157th. 158th. 159th. 160th. 161st. 162nd. 163rd. 164th. 165th. 166th. 167th. 168th. 169th. 170th. 171st. 172nd. 173rd. 174th. 175th. 176th. 177th. 178th. 179th. 180th. 181st. 182nd. 183rd. 184th. 185th. 186th. 187th. 188th. 189th. 190th. 191st. 192nd. 193rd. 194th. 195th. 196th. 197th. 198th. 199th. 200th. 201st. 202nd. 203rd. 204th. 205th. 206th. 207th. 208th. 209th. 210th. 211th. 212th. 213th. 214th. 215th. 216th. 217th. 218th. 219th. 220th. 221st. 222nd. 223rd. 224th. 225th. 226th. 227th. 228th. 229th. 230th. 231st. 232nd. 233rd. 234th. 235th. 236th. 237th. 238th. 239th. 240th. 241st. 242nd. 243rd. 244th. 245th. 246th. 247th. 248th. 249th. 250th. 251st. 252nd. 253rd. 254th. 255th. 256th. 257th. 258th. 259th. 260th. 261st. 262nd. 263rd. 264th. 265th. 266th. 267th. 268th. 269th. 270th. 271st. 272nd. 273rd. 274th. 275th. 276th. 277th. 278th. 279th. 280th. 281st. 282nd. 283rd. 284th. 285th. 286th. 287th. 288th. 289th. 290th. 291st. 292nd. 293rd. 294th. 295th. 296th. 297th. 298th. 299th. 300th. 301st. 302nd. 303rd. 304th. 305th. 306th. 307th. 308th. 309th. 310th. 311th. 312th. 313th. 314th. 315th. 316th. 317th. 318th. 319th. 320th. 321st. 322nd. 323rd. 324th. 325th. 326th. 327th. 328th. 329th. 330th. 331st. 332nd. 333rd. 334th. 335th. 336th. 337th. 338th. 339th. 340th. 341st. 342nd. 343rd. 344th. 345th. 346th. 347th. 348th. 349th. 350th. 351st. 352nd. 353rd. 354th. 355th. 356th. 357th. 358th. 359th. 360th. 361st. 362nd. 363rd. 364th. 365th. 366th. 367th. 368th. 369th. 370th. 371st. 372nd. 373rd. 374th. 375th. 376th. 377th. 378th. 379th. 380th. 381st. 382nd. 383rd. 384th. 385th. 386th. 387th. 388th. 389th. 390th. 391st. 392nd. 393rd. 394th. 395th. 396th. 397th. 398th. 399th. 400th. 401st. 402nd. 403rd. 404th. 405th. 406th. 407th. 408th. 409th. 410th. 411th. 412th. 413th. 414th. 415th. 416th. 417th. 418th. 419th. 420th. 421st. 422nd. 423rd. 424th. 425th. 426th. 427th. 428th. 429th. 430th. 431st. 432nd. 433rd. 434th. 435th. 436th. 437th. 438th. 439th. 440th. 441st. 442nd. 443rd. 444th. 445th. 446th. 447th. 448th. 449th. 450th. 451st. 452nd. 453rd. 454th. 455th. 456th. 457th. 458th. 459th. 460th. 461st. 462nd. 463rd. 464th. 465th. 466th. 467th. 468th. 469th. 470th. 471st. 472nd. 473rd. 474th. 475th. 476th. 477th. 478th. 479th. 480th. 481st. 482nd. 483rd. 484th. 485th. 486th. 487th. 488th. 489th. 490th. 491st. 492nd. 493rd. 494th. 495th. 496th. 497th. 498th. 499th. 500th. 501st. 502nd. 503rd. 504th. 505th. 506th. 507th. 508th. 509th. 510th. 511th. 512th. 513th. 514th. 515th. 516th. 517th. 518th. 519th. 520th. 521st. 522nd. 523rd. 524th. 525th. 526th. 527th. 528th. 529th. 530th. 531st. 532nd. 533rd. 534th. 535th. 536th. 537th. 538th. 539th. 540th. 541st. 542nd. 543rd. 544th. 545th. 546th. 547th. 548th. 549th. 550th. 551st. 552nd. 553rd. 554th. 555th. 556th. 557th. 558th. 559th. 560th. 561st. 562nd. 563rd. 564th. 565th. 566th. 567th. 568th. 569th. 570th. 571st. 572nd. 573rd. 574th. 575th. 576th. 577th. 578th. 579th. 580th. 581st. 582nd. 583rd. 584th. 585th. 586th. 587th. 588th. 589th. 590th. 591st. 592nd. 593rd. 594th. 595th. 596th. 597th. 598th. 599th. 600th. 601st. 602nd. 603rd. 604th. 605th. 606th. 607th. 608th. 609th. 610th. 611th. 612th. 613th. 614th. 615th. 616th. 617th. 618th. 619th. 620th. 621st. 622nd. 623rd. 624th. 625th. 626th. 627th. 628th. 629th. 630th. 631st. 632nd. 633rd. 634th. 635th. 636th. 637th. 638th. 639th. 640th. 641st. 642nd. 643rd. 644th. 645th. 646th. 647th. 648th. 649th. 650th. 651st. 652nd. 653rd. 654th. 655th. 656th. 657th. 658th. 659th. 660th. 661st. 662nd. 663rd. 664th. 665th. 666th. 667th. 668th. 669th. 670th. 671st. 672nd. 673rd. 674th. 675th. 676th. 677th. 678th. 679th. 680th. 681st. 682nd. 683rd. 684th. 685th. 686th. 687th. 688th. 689th. 690th. 691st. 692nd. 693rd. 694th. 69

(Signed) G. Fredrick Simmons M. D.
(Address) Cambridge, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting "U. S. No. 1."

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

⑦

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927
Other contributory causes of importance:	
Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago
Other contributory causes of importance:	
Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN